FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typying, type over the lines	12FE4M5
CULAC the PA	C of Credit Union National Association	
ADDRESS (number and	601 Pennsylvania Avenue, NW	
(Check if address	South Building, Suite 600	
is changed)	Washington	DC 20004 - 2601
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	thawkins@cuna.com	
(Check if address is changed) 2. DATE M N		
3. FEC IDENTIFICA	TION NUMBER C C00007880	
4. IS THIS STATEM	MENT NEW (N) OR X AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of my knowledge and belief it is true, correct ar	and complete
Type or Print Name of	Treasurer Patricia Sowick	
Signature of Treasurer	Electronically Filed by Patricia Sowick	Date 11 1 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject the person signing this Stat	
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	